

Foster Family Home - Corrective Action Report

Provider ID: 1-150028

Home Name: Analyn Perez, NA

Review ID: 1-150028-1

14-150 Kupuohi Pl.

Reviewer:

Vaipahu HI 96797

Begin Date: 6/15/2015

End Date:

6/15/15

Foster Family Home

Required Certificate

[17-1454-6]

(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

New home application visit for a 2 bed home made on 6/15/15. All requirements were met at the time of the survey. Home will receive a 1 year 2 bed home certificate.

Compliance Manager

Analyn P. Perez

Primary Care Giver

6/15/15

Date

6/15/15

Date